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ABSTRACT

Summarized are the papers given by 13 experts in education of the deaf from 12 countries who attended a conference sponsored by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) which focused on curricula, teaching methods, adaption to the community, and problems of the hearing impaired. Topics discussed included curricula for handicapped children in developing countries, curriculum and methods for teaching the deaf in specific countries such as Nigeria and Argentina, training of teachers for the deaf, language development and communication of the deaf, detection of deaf children and guidance of their parents, and integration of the deaf into school and society. Among recommendations by the conference listed are that a continuum of educational programs be offered for hearing impaired children ranging from total custodial care to complete integration and that longitudinal research to conducted into individual integration experiments, that the importance of early diagnosis and treatment be publicized by means of the mass media, and that UNESCO stimulate international and regional cooperation to improve educational services to the hearing impaired. (DB)

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UNITED NATIONS EDUCATIONAL,
SCIENTIFIC AND CULTURAL ORGANIZATION

EXPERT MEETING ON EDUCATION OF THE DEAF

(Paris, 30 September-4 October 1974)

REPORT OF THE MEETING

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I. INTRODUCTION

At the invitation of the Secretariat, thirteen experts in education of the deaf met at Unesco Headquarters from 30 September to 4 October 1974 to discuss curricula, methods, adaptation to the community, and other problems concerning the hearing-impaired.

This report gives the papers which were presented at the meeting, a summary of the discussion which followed each one, and the recommendations made by the experts as a result of their exchange of views.

As usual in such cases, the experts attended in a personal capacity. They were: Mrs. R.A. Adelogbe (NIGERIA), Principal, Wesley School for Deaf Children, Lagos; Dr. (Mrs.) Homa Ahy (IRAN), Director-General for Special Education, Ministry of Education, Teheran; Prof. K.P. Becker (GERMAN DEMOCRATIC REPUBLIC), Dr. habil., Sektion Rehabilitationspädagogik und Kommunikationswissenschaft, Der Humboldt-Universität, Berlin; Dr. José Bello (ARGENTINA), Presidente de la Asociación Argentina Logopedia, Foniatria y Audiologia and Director, Escuela para Sordos Diana, Santos Lugares, Provincia de Buenos Aires; Dr. D.M.C. Dale (UNITED KINGDOM), Senior Lecturer in Education of the Deaf, Department of Child Development and Educational Psychology, University of London Institute of Education, London; Dr. Gilbert L. Delgado (U.S.A.), Dean of the Graduate School, Gallaudet College, Washington, D.C.; Dr. George W. Fellendorf (U.S.A.), Executive Director, Alexander Graham Bell Association for the Deaf, Washington, D.C.; Mr. Marcel Gautié (FRANCE), Directeur de l'Institut National de Jeunes Sourdes de Bordeaux, Gradignan (Gironde); Prof. A. Löwe (FEDERAL REPUBLIC OF GERMANY), Pädagogische Hochschule, Heidelberg; Mrs. Rut Nadebrink (SWEDEN), Director, Manilla School, Stockholm; Dr. Cesare Magarotto (ITALY), Secretary-General, World Federation of the Deaf, Rome; Dr. A.M.J. Van Uden (NETHERLANDS), Instituut voor Doven, Sint Michielsgestel; Dr. D. Vukotic (YUGOSLAVIA), President, World Federation of the Deaf, and Director, Rehabilitation Centre for the Deaf, Belgrade.

Six observers attended: Miss A. Blanc (FRANCE), Institut national des jeunes sourds de Paris, Paris; Mr. Aimé Labregère (FRANCE), Conseiller Technique, Ministère de l'Education Nationale, Paris; Mrs. Karin Lundström (SWEDEN), Former Head of the Special Education Division, National Swedish Board of Education, Stockholm; Mrs. S.B. Polito Castro de Denham (ARGENTINA), Instituto Oral Modelo, Buenos Aires; and Brother Ambroise Tralamot (FRANCE) (Caritas Internationalis), Institution des Jeunes Sourds, St. Jean de la Ruelle (Loiret).

The Unesco Secretariat was represented by: Mr. Jean Knapp, Director, Department of Curriculum, Structures and Methods of Education; Mr. René Ochs, Director, Division of Curricula and Structures; Mr. R. Rodriguez, Chief, Special Programmes Section, Division of Curricula and Structures; and Mr. N.-I. Sundberg, Special Education for Handicapped Children, Special Programmes Section, Division of Curricula and Structures.

In an opening speech, Mr. Jean Knapp (representing the Director-General) reviewed the Unesco programme for special education of handicapped children and young people. Since 1967-68 this has involved participation in and co-ordination of relevant international activities, preparation of documents and publications, studies and surveys, and provision of technical co-operation for forty-eight countries.

The education of the deaf, said Mr. Knapp, poses complex and delicate problems. In many countries which are developing their school systems there are no facilities for it, priority being given to children with visual

impairment and even countries with developed systems need inspiration towards setting up of facilities for the deaf and improvement of models and "know-how". This meeting - Unesco's first expert meeting on education in a specific field of special education - offered "a probably outstanding opportunity to find and recommend suitable ways of helping hearing-handicapped children.

Dr. G.L. Delgado was elected Chairman of the meeting, Mrs. R.A. Adelogbe and Prof. K.-P. Becker, Vice-Chairmen, and Mrs. Rut Madebrink, Rapporteur.

At the Chairman's request, Mr. N.-I. Sundberg outlined the objectives of the meeting. Unesco hoped the experts would be able to formulate recommendations which might be used in countries which have not done enough for education of the deaf - and what country has done enough? Not merely children, but also young people and adults might be considered within the Unesco frame of reference, so long as the concern was with education.

II. NOTES ON PAPERS AND SUMMARY OF DISCUSSION

1. Curricula for the handicapped in developing countries

Dr. Homa Ahy (Iran) presented a background paper on "Curricula for the handicapped children in developing countries"(1):

The overall aim in special education for handicapped children, she said, is no different from the aim in general education. Normal curricula must be modified according to the kind and degree of impairment (visual disability, mental retardation, etc.); this may mean adding or strengthening certain educational services or omitting certain subjects and activities. The problem of teaching hearing-handicapped children is probably the hardest of all because the deaf child cannot build up a vocabulary and communicate very early in life like the hearing child.

Iran makes various provisions for handicapped children. In the case of deafness, hard-of-hearing children are taught in special classes within regular schools, since they benefit from being among normal children, but totally deaf children need a very different training (lip-reading, speech development, etc.).

Asked how many children were able, after early training and equipment with hearing-aids, to work along with other children in ordinary classes with some special help, Dr. Ahy replied that in Iran there is unfortunately no total integration.

An expert observed - and others concurred in his view - that with every type of handicap one encounters a certain common set of deficiencies (in locomotive development, speech, sensory perception, social behaviour, and so on). In these areas all handicapped children need some additional or strengthening education.

What is the distinction between the "hard-of-hearing" or "partially hearing" and the "deaf"? The experts agreed that this was a critical point.

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(1) Unesco document ED-74/CONF.645/3, PARIS, 16 September 1974. This and other background papers for discussion, mentioned in this report, could be obtained from ED Documentation Centre for Briefing and Support, Unesco, place de Fontenoy, 75700 PARIS.

After a good many possible definitions, both audiological and functional, had been talked over in varying detail, it was suggested that, simply for practical working purposes, the group might agree to consider the deaf person as being that child or adult who cannot function, for the uses of communication, in the language milieu or hear speech with or without amplification.

Asked whether hearing-impaired students in developing countries are able to take advantage of programmes for advanced education in other countries, Dr. Ahy said that at present it is much easier for talented blind students to profit from international arrangements. The suggestion was made that the group recommend that both developing and developed countries examine the opportunities available to highly qualified students with impaired hearing for secondary or higher education abroad. (A comment: "If we begin with the premise that a deaf child can be educated, there is no limit to what we can expect of him.").

2. Curricula and Methods

(2-A) Dr. José Bello (Argentina) presented a paper on "Curricula and methods in education of the deaf in Argentina"(2):

Audiology has shown that all children whose speech retardation is caused by auditory defects have some kind of residual hearing. Therefore hearing-aids should be prescribed very early, at about one year. The public should be made aware of the extreme importance of early diagnosis, by means of information campaigns.

The desideratum is education of persons who will be culturally adapted and emotionally integrated into their community. Ideally, the general and social education of a deaf child should take place in an ordinary school in his own community - not among other children with the same impairment: the worst companion and teacher for a deaf child is another deaf child. He must learn no other system than that of oral speech. His education in the ordinary school should be strengthened by special training in a regional rehabilitation centre.

Beyond his pedagogical qualifications, the specialized teacher should have a broad interest in the audiological and social aspects of deafness; he should be part of a team that views the problem from all sides. Trained teachers should work not only with the hearing-impaired child but also with his parents, especially his mother, for he must be helped in the natural home situation.

One major thesis of this paper, that the deaf child should associate only with hearing children and not be allowed to interact with other deaf children or adults, generated a long and vigorous discussion in which many divergent points of view were expressed.

The development of regional centres for diagnosis and smaller centres for rehabilitation work was also discussed, and it was agreed that the concept was one which other countries with problems similar to Argentina's might perhaps explore.

Other topics touched on in discussion: private versus State education of hearing-impaired children; the acceptance of deaf children who attend regular schools by hearing children and their treatment by regular teachers; correlation between degree of hearing loss and successful integration into regular schools.

(2) ED-74/CONF.645/4

(2-B) Mrs. R.A. Adelogbe (Nigeria) read a paper on "Curricula and methods in education of the deaf in Nigeria" (3):

The Nigerian Government has legislation relating to handicapped children, including the deaf. Since 1957 several schools have been established, and in 1975 a programme for pre-school education of handicapped children, including an estimated 200,000 deaf children, is to be introduced. Primary school education receives serious attention, normal curricula being adapted to meet the needs of hearing-impaired pupils; but there is no facility for special secondary education. Of the deaf children who succeed in passing through normal primary education, all but the exceptionally intelligent go on to some sort of secondary comprehensive, government trade centres, etc. There is no facility for training teachers of the deaf within the country.

So many languages are spoken in Nigeria that educators of deaf children have a great problem since everyone should understand his mother tongue. English is the medium of instruction except in Lagos, where, up to the higher classes, the Wesley School for Deaf Children instructs in Yoruba also. About sixty or seventy per cent of the pupils there master both languages, English being begun five years after entrance.

This paper touched off a discussion of bilingual learning - a problem extremely serious not only for some developing but for some developed countries. What are the "rights" of the deaf with regard to their mother tongue? What can be done if a different, "official" language is prescribed in schools? How soon can a deaf child undertake a second language? What degree of proficiency can be expected? How do teachers trained in one language succeed in teaching deaf children another? Are some languages inherently "easier" than others for the hearing-impaired? No solution to these problems was put forth, but the consensus was that all hearing-impaired children ought first and foremost to have that grounding in the language of their family and community which hearing children acquire without any need for formal instruction.

(2-C) Dr. D.M.C. Dale (United Kingdom) presented a paper on "Curriculum and method in education of the deaf in the United Kingdom"(4):

Commenting on his paper, Dr. Dale said that in the United Kingdom the teacher's independence is sacrosanct; hence there is such variety of curriculum and method that it is hard to generalize. Still, certain lines can be observed - e.g., use of topics ("current events", "home and family") rather than vocabulary lists and encouragement of pupil initiative in class rather than adherence to a predetermined syllabus.

Throughout the world, most teachers are having extreme difficulty in getting children to read and speak intelligibly. At a few places in certain countries (for instance in Australia, Netherlands and the U.S.A.) remarkable results are being achieved. But these cases are rare. On the whole it does not seem as if our methods, oral or manual, have been very successful. The average hearing-handicapped sixteen-year-old has a reading age of only eight-and-a-half. Since a recent report in England manual and combined methods are being experimented with but it does not look as if there will be a landslide over to manual and combined methods.

At the London University Institute of Education, special attention is being given to finding ways in which individual methods can operate. Whereas it is very hard to teach even a small heterogeneous group effectively, a child

(3) ED-74/CONF.645/5
(4) ED-74/CONF.645/6

benefits enormously from individual help, even if this only means his being taken into a corner of the room for a private session. Obviously, the home is a place for individualized teaching. The number of peripatetic teachers has been sharply increased with an end to giving more and more parents guidance in working with hearing-impaired children.

After a discussion of results obtained through individual methods of teaching, Dr. Dale was asked about the number of deaf students who go on to university. He replied that very few are able to do so, and that, though deaf persons go into a great number of occupations, the general statement can be made that many of them are not in posts appropriate to their intellectual capabilities. Much can be done to improve this situation.

A question about vocational education and guidance in the United Kingdom led into a wider exchange of ideas as to how hearing-impaired children can be prepared for jobs. It was agreed that well before leaving school, they should be given thorough-going vocational counselling.

The relationship of deaf children and adults to other deaf persons and to hearing persons was again discussed. It was urged that everyone try to think of ways of making the public more aware of deaf persons as persons and of breaking down the obstacles to employment of the hearing-impaired.

3. Training of teachers for the deaf

The papers presented under this head were discussed as a set, after all three had been read.

(3-A) Prof. M. Gautié (France) presented a paper on "Aspects of training of teachers of the hearing-impaired in France and in the Arab countries"(5):

In France, training of teachers for the National Institutes (run by the Ministry of Health) takes place at the National School of Health and consists of a two-year university course and a two-year course in the theory and practice of work with the hearing-impaired. Schools which come under the Ministry of National Education are staffed by qualified primary school teachers who have taken an additional one-year course leading to a diploma in the education of disabled or maladjusted children or adolescents, with specialization in work with hearing-impaired pupils.

The Arab world is vast, Professor Gautié pointed out, and it is not always easy to obtain information. But in general it may be said that the Arab countries have not yet managed to solve the problem of recruiting specialists who can prepare teachers of the deaf. Although some slight progress has been made in places (Egypt, Saudi Arabia, Syrian Arab Republic) teacher training, where it exists at all, is very perfunctory. National organizations concerned about this situation have joined in an Arab Federation which hopes to set up a Regional Institute for teacher training with technical assistance from Unesco.

(3-B) Mrs. R. Madebrink (Sweden) presented a paper on "Aspects of training of teachers of the deaf in Nordic countries" (6):

In Scandinavia, deaf children are taught by teachers who are qualified to teach normal children in one of four age groups and are also specially trained to teach deaf pupils of the same age. In adult education, rather specific and sometimes divergent methods have grown up. The controversy between oralism and manualism is keener than ever.

(5) ED-74/CONF/3
(6) ED-74/CONF.645/9

All student teachers seem to benefit from a programme with a core of basic knowledge as well as a specialization which differs according to the part of the school system in which they are going to work and the extent to which they are going to be assisted by qualified psychologists, social workers, audiological experts, etc. In compulsory schools, with early detection and successful pre-school training, the great majority of hearing-impaired children are able to attend community schools by the age of seven. But a number of profoundly deaf children still need special models of communication and learning, and teachers of these children need training in finger-spelling and sign language.

It has not been possible to organize up-grading courses like the ones leading in England to diplomas in audiology and in the U.S.A. to doctorates in teaching of the deaf.

Preparation of special teachers would be more effective if some training could also be given to other members of the school staff and to parents of hearing-impaired children.

(3-C) Prof. K.-P. Becker (German Democratic Republic) presented a paper on "The unity of theory and practice in the training of teachers for people with defective hearing" (7):

At Humboldt University, teachers are trained to educate the hearing-impaired and help integrate them into the life of socialist society. Successful training and education of deaf persons means complete rehabilitation; therefore future teachers must know both the conditions of life in their society and the personal background of each pupil. In order to keep in step with a dynamically changing community, and to achieve optimal practical psychological-pedagogical competence, the teacher must attain a high theoretical level. Tuition and research, theory and practice must be combined. Theory of education of the deaf must be enriched by teacher-trainers on the scientific-methodological basis of Marxism-Leninism, which defines the effect of biological defects on development of the personality as a learning barrier that can be prevented, lessened, or eliminated by means of teaching.

Commenting on his own paper, Professor Becker said that, though the course described is very long and therefore expensive, post-graduate study brings many advantages by way of social experience, high motivation, etc. In other socialist countries (Czechoslovakia, Poland, USSR), training for teachers of handicapped children starts immediately after secondary school.

As regards teacher specialization, opinions differed. Is training for teaching one particular age group a viable concept for developing countries? Even in developing countries is it always desirable, or is it sometimes better for a teacher to be able to work with children over a wide age range? A great deal of detailed information was offered as to current attitudes towards specialization in different countries.

It was agreed that teacher preparation ought to include education in the psychological and social aspects of deafness. (One specific suggestion was that every student teacher ought to have the experience of seeing what a deaf adult is like, what his problems are). The different subjects in the curriculum should be related so that student teachers will not receive merely a series of one-sided views of deafness (neurological, psychological, etc.).

(7) ED-74/CONF.645/10

The group expressed deep concern about multi-handicapped deaf persons. Instances were cited of teachers in various countries finding that children admitted to school as "deaf" have in fact other handicaps as well which have gone quite undiagnosed. It was agreed that there is urgent need for training teachers to help these children.

Deaf persons, it was agreed, need continuing education. (Mr. N.-L Sundberg informed the group that from 1975, under a departmental organization, education of the handicapped will come under the division of "life-long education" at Unesco: "so that Unesco is in accord with this philosophy"). So do teachers. Refresher courses, participation in research projects, and co-operative dissemination of information by editors of journals in the field of education of the deaf were among the means suggested for keeping teachers abreast of new ideas and methods.

There was a long and close discussion of the tremendous responsibility implied in giving a certificate or diploma which entitles a teacher to work with hearing-impaired children. What is the basis of admission to teacher training? Are there enough applicants? Are they sufficiently screened at entrance? Can they be eliminated during the course? How possible, and how common, is it to fail them? The situation in the different countries represented at the meeting was briefly outlined.

On just what basis is a student's practice teaching judged as good or bad? Among the criteria of excellence proposed were: ability to engage deaf children in genuine conversation; a feeling for language (especially for metaphor, relational senses, etc.); a personality which makes it seem likely that deaf children will feel a rapport.

4. Language development and communication of the deaf

(4-A) Dr. A.M.J. Van Uden (Netherlands) presented a paper on "Language development in school-age deaf children" (8):

Dr. Van Uden said that he wished to stress the distinction between, on the one hand, a normal (ideal) programme, possible for prelingually deaf children who have been treated and taught so ably that at six they have reached a certain level of speaking, reading and writing, and on the other hand a remedial programme.

For the vast majority of hearing-impaired children education in sign language, including "total communication", is an incorrect solution, both because it hampers development of vocabulary and abstraction of concepts and because it isolates the children from the hearing world, especially their parents.

In "constructing" methods of language teaching, children are given sentence models and emphasis is on production of language. In "imitative" methods, the colloquial mother tongue is used but there is little training in linguistic structure. In the "reflective" method, oral rhythmic conversation is the basis: language is a real exchange of thought. This method, which seeks to combine use of normal colloquial language from early childhood on with teaching of the rules, involves close co-operation between home and school. Of the many children at the Instituut voor Doven who reach O-level standard in English at about eighteen, many have a better command of the language than some hearing children.

(8) ED-74/CONF.645/11

(4 B) Dr. G.L. Delgado (U.S.A.) presented a paper on "Language development and communication" (9):

A deaf child's poor speech is not in itself evidence of his language competence. Speech is only the outward manifestation of language, which is a structured system of arbitrary symbols agreed upon by a human community and used for communication, learning and storing of knowledge.

Summarizing his paper, Dr. Delgado said that principles of linguistics (structural linguistics, transformational-generative grammar, socio-linguistics) should receive strong consideration in the development of language curricula for hearing-impaired children and adults.

The hearing-impaired child should be afforded an optimum environment for language exposure. This environment should include every sensory modality and association which can reinforce it.

The acceptance of the deaf child and adult as a person is foremost in creation of the most positive setting for him to learn and grow in. The importance of early practical and natural communication is increasingly a topic of research. It is found that deaf children of deaf parents, receiving early acceptance and able to communicate early, are nearly always superior to deaf children of hearing parents in language development, communication and social development.

These two papers gave rise to a long and earnest consideration of the two main approaches to the teaching of deaf persons. Are manual methods to be categorically denounced, are they admissible (merely) as remedial devices, or are they positively valuable as enhancing ability to learn and assimilate?

The discussion ranged from points of technical detail through linguistic and pedadogical theory to the deepest social, philosophical and human implications of working with deaf children and older persons. Arguments were reinforced by a wealth of concrete illustration based on experience of teaching the deaf in many countries of the world, not only the countries represented at the meeting but others which the different experts knew from visits, study, technical co-operation missions, etc.

Dr. Van Uden, replying to a question about his paper, said that the oral method is not appropriate for everyone. Some deaf children will be oral failures - the child's ability enters in and, not less, his teachers'; it is important to find methods of predicting whether or not a child will be an oral failure. However, at the Instituut voor Doven only about two per cent of the children fail. These two per cent need finger spelling, which saves them from being not only oral but also verbal failures. Sign language, or rather sign code, is reserved for deaf children functioning on an imbecile level.

Dr. Delgado, asked about teaching at Gallaudet College (the only university-level institution for the deaf) said that the "simultaneous method" is used, with a trend towards "total communication method". Thus with a class of thirty or more the teacher can give every cue possible. The students come from both oral and combined schools. The ones from oral schools do not necessarily have to pay attention to finger spelling and signs, though they may begin to do so, finding that they clarify what is being said.

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(9) ED-74/CONF.645/12

The Secretary of the World Federation of the Deaf said the position of his organization is that sign language makes it easier to follow and engage in conversation longer without fatigue, and that if the sign language taught is grammatically equal to the vernacular it will not suppress the spoken word.

The experts talked of the need of bringing a deaf child to the language-level appropriate to his age. Sixteen-year-old deaf children have the same interests, tastes and aspirations as their hearing contemporaries, but in teaching we often draw their attention to books and subjects that are suited to ten-year-olds. This is intellectually frustrating, while socially and psychologically it means that when young deaf people come to the age of marriage they may have very severe problems.

Other topics treated: Eye fatigue as a factor in determining attitudes towards non-oral methods, especially for ageing deaf persons. Adaptation of finger spelling to Japanese and tonal languages. The outstanding results obtained by the finger-spelling method in the USSR. "Humanization" - the importance of finding a method which will enable a deaf child to think not merely abstractly but subtly and to understand figurative and connotative expression. "The deaf adult as model" and the use of deaf persons as teachers or supportive workers for deaf children.

5. Detection of deaf children and guidance of their parents

(5-A) Prof. A. Löwe (Federal Republic of Germany) read a paper on "Detection of children with hearing impairments and the guidance of their parents" (10):

Education of hearing-impaired children in the use of oral language for communication depends upon very early detection of hearing loss and guidance of parents. Rehabilitation should be started before a child is a year old; we should aim at detection at not later than nine months. It now appears that profound hearing losses can be detected before a child is six months and all other serious loss before he is eighteen months. There are also real possibilities of pre-symptomatic early detection, e.g. by screening of the new-born. In the German Federal Republic, despite the existence of a comprehensive prophylatic health programme, the average age at which hearing impairment is detected is still far too high.

It is now recognized that parents must be helped before help can be offered to the child; a disabled child means a disabled family. Many audiological guidance centres have been set up to help parents understand the problems of their deaf child. So far as possible, guidance is given in the home. Parents are shown how they can help the child develop aural and oral communication - how to use his hearing-aid, how to talk to him, how to play with him - especially in the period between detection and his entrance, at four, to the pre-school programme for deaf children.

(5-B) Dr. G.W. Fellendorf (U.S.A.) read a paper on "Detection of children with hearing handicaps and the guidance of their parents" (11):

A child develops highly sophisticated language and speech skills in his first four years. Only early detection of any hearing loss and early intervention can save a hearing-impaired child from irreversible deficits in language, listening and speech. Yet children with moderate hearing losses or complicated multiple conditions often go without detection until they enter school and are examined because they then fail to respond to educational measures.

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The deaf child needs an understanding and supportive home life. For this, the other members of his family will need information and encouragement. They must be helped to see beyond the fact of the hearing impairment - to realize that the child is not only someone with a problem but a person with feelings, a craving for love, and a need to be part of the family structure.

Who can guide parents? Often, the paramedical specialist (audiologist, hearing-care consultant, speech therapist), the special teacher, or the informed parent of an older hearing-impaired child, who can speak directly from his own experience. Few psychologists or psychiatrists have the depth of background and understanding of the alternatives and experiences associated with hearing loss to be the major guidance counsellor.

In the group discussion of these two papers, it was generally accepted that profound deafness, at least, can be detected before the child is one year old. (In Sweden, it was reported, ninety-nine per cent of the profoundly deaf babies are not only diagnosed but in therapy by the end of their first year). It was agreed that the World Health Organization ought to be made aware of the vital importance of early diagnosis, confirmation and therapy.

Mr. Sundberg informed the experts that in November, at a regular meeting of rehabilitation officers of the various international organizations, the World Health Organization would be apprised of the proceedings of this meeting.

As for parent guidance, it was emphasized that parents ought to be given a realistically sanguine picture of a deaf child's high potential. Neither they nor the child should be misled into setting sights too low.

Parent guidance should continue after the child begins school, though it should now be the school that gives it. Home-school "feedback" is all-important. Most schools still neglect this area - "basically", said Dr. Löwe, in reply to a question on his paper, "because many older teachers don't want parents to do much. I remember that when I began parent guidance fifteen years ago many of my older colleagues blamed me for giving away secrets to laymen".

The parents most in need of guidance are the ones who are failing to help their child effectively because of lack of education, care of a large family of children, poverty, overwork, distance from the source of guidance, neurotic problems, etc. Many actual or suggested methods for reaching such parents were described. For instance: bringing mothers right into a class to be involved in helping teach their own children; setting up guidance centres in low-income neighbourhoods, within "pram-pushing distance" of mothers; providing "hot-line" programmes and free long-distance telephone consultations; arranging shared holidays for groups of deaf children with their entire families, including the fathers. It was reported that in Japan parent guidance is offered on a popular and very helpful weekly television programme.

Mention was made of the development of "TTY's" which make it possible for deaf persons to communicate by telephone. It was pointed out that such machines are mostly for well-developed and rich countries. There are countries where not one class for hearing-handicapped children exists. Mr. Sundberg expressed his regret that Professor T.A. Vlasova had not been able to come and give her hoped-for talk on methods of working with the hearing-handicapped when equipment is lacking.

6. Integration of the deaf into school and society

(6-A) Dr. D.M.C. Dale (United Kingdom) presented a paper on "Educating hearing-impaired children in ordinary schools" (12):

In nearly all countries, in recent years, there has been growing interest in the integration of hearing-impaired children in ordinary schools. How far a child can be taught in an integrated class depends on such factors as his hearing loss, his intelligence, his personality, his home background, the size of the class, the ability of the teacher of the regular class, and the number and quality of the special services available to him.

At the London University Institute of Education, attention is being concentrated on possible ways of enabling more and more hearing-impaired children to attend their own local ordinary schools, with concurrent efforts to make special educational and social provision for them.

Commenting on his paper, Dr. Dale said that segregation in special schools is the last resort. Many of us wonder if such schools are at all able to provide better opportunities for hearing-impaired children. In an integrated setting, in the midst of hearing children, a deaf child is stimulated and is impelled to speak. He feels confident that he can achieve a great deal - and in fact we find that with careful, thoughtful assistance it goes fairly well. Parents are more involved than ever, moreover. While deaf children do tend to group together, they also make friends among the hearing children, who on their side grow in understanding and patience.

(6-B) Dr. D Yukotic (Yugoslavia) read a paper on "Integration of the deaf into society" (13):

For twenty years the trend has been towards accelerating the integration of hearing-handicapped persons into an environment full of sounds. Some experts even wish to eliminate the special methods developed over the past two centuries for educational and other work with the hearing-impaired. But we ought to distinguish between what we would like - full integration - and what research and experience have shown to be possible.

Among the unrealistic and outworn methods that persist are a system of education based on isolated residential schools, and beginning too late; inadequate preventive measures; the grouping together of deaf persons at work and in daily life. Because deafness is invisible and because deaf persons often succeed at their work, hearing persons often think deafness is not a handicap and are impatient over difficulties in communication.

A modern concept of education of the deaf should be worked out, with stress on more successful integration into society in general. We need specialized pre-school institutions to prepare for education. In schools for the deaf, curricula should be identical with those in regular schools and the "global" method should be used. In secondary and higher education, professional "interpreters" should be trained to help hearing-impaired students with their academic and social integration. And there should be regular institutions of permanent education to raise the level of practical literacy among the deaf, now inadequate, and to make for continuity of communication.

(12) ED-74/CONF.645/15
(13) ED-74/CONF.645/16

In the experts' discussion of these two papers, the respective advantages and disadvantages of special schools for hearing-impaired children, special classes within ordinary schools, and integration in ordinary classes in ordinary schools were examined. It was agreed that the object is to give the hearing-impaired child as nearly as possible the same experience as his hearing contemporary, not merely in syllabus but in extra-curricula life.

Dr. Dale, developing a theme in his paper, said it seemed likely that the best chance for a full contemporary experience for a deaf pupil will be given in an ordinary school if he has tactful, trained interpreters to help him. Dr. Vukotic, questioned about his paper, stressed the need for flexible adaptation of methods to individual needs. The main thing is the knowledge, the educational programme we give the child. We want him to become an independent person capable of thinking for himself. Paternalism must be avoided.

There was unanimity as to the great need for continuing education, both vocational and general, for hearing-impaired persons. With automation and other changes in industry, deaf workers are imperilled because often they cannot understand lectures on the new methods. Millions of deaf adults are illiterate; many who have learned to read and write risk becoming illiterate again if they have inadequate communication with the rest of the world.

The difficulties of a deaf school-leaver when he goes into society were discussed. Two great barriers to integration are the attitude of many hearing people and lack of information about current events. The experts compared notes as to what is done in different countries, and what might be done, to help hearing-impaired persons keep abreast of what is happening in the world - for instance, by putting captions on televised news broadcasts. It was pointed out that it is also painful for hearing-impaired persons to be cut off from understanding of televised plays and entertainment. "Deaf people <u>suffer</u> in society today. That is the truth."

III. CONCLUSION OF THE MEETING

The last two sessions of the meeting were given over to consideration of the recommendations and statements of principle which appear in the next section. In addition, Dr. Ahy showed a film on work with handicapped children in Iran and Mrs. Adelogbe showed drawings done by deaf children in Nigeria and photographs of classes.

Closing the meeting, Mr. Sundberg again expressed his regret that there had been no expert from the USSR among the group. They had all looked forward to learning about the work carried on there.

The past week, he said, had been compact and stimulating. "We have learned from each other and have had an opportunity to exchange ideas. All of us have not been able to accept everything said, but I believe that we understand each other better than before.

"In 1971 a World Congress of the Deaf, arranged by the World Federation of the Deaf, was held in Unesco House. It was then said that never in the history of Unesco had there been a conference with such intense communication. I think that in this meeting the intensity of communication has been on the same level. Our interpreters, who can compare with other meetings, seem to have been gripped by the discussions."

The meeting, it was said in conclusion, might bring a great deal of good to deaf children, youngsters and grown persons.

IV. STATEMENTS OF PRINCIPLE AND RECOMMENDATIONS

It was agreed by the Expert Meeting on Education of the Deaf:

1. That the overall aim of special education is not different from that of ordinary education.

2. That the goal of all educational and rehabilitational work for the hearing-impaired child or adult is to enable him to fulfil his personal potential, and so enrich his private life, and to prepare him for an active, independent, responsible existence as an integral part of his family, his occupational group, his community, his country and the community of nations.

3. That the extent to which a hearing-impaired person is able to function as an independent, self-supporting citizen depends upon many circumstances, including degree of hearing loss, age at onset, promptness of intervention, type and quality of education, strength of parental support, and presence or absence of other handicaps, as well as upon his intelligence and personality and the culture, language and institutions of the country.

It was recommended by the Expert Meeting on Education of the Deaf:

(Curricula and methods for hearing-handicapped children)

4. That, since education of children with severe hearing impediments is recognized as perhaps the most difficult form of teaching, every effort be made to continue the search for improved curricula, methods, and teaching aids.

5. That a continuum of educational programmes be offered for hearing-impaired children, ranging from total custodial care at the one extreme to complete integration at the other; and that it be the goal of each nation to increase the proportion of hearing-impaired children receiving their education at the integrated end of the continuum.

6. That wherever possible the education of hearing-impaired children, even those with no naturally acquired speech and language, take place in ordinary schools in their own communities.

7. That so far as possible, in countries with more than one language, provision be made for hearing-impaired children to learn their mother tongue first.

8. That individual and group methods should be used in a balanced way.

9. That longitudinal research be conducted into individual integration experiments.

10. That every effort be made to maintain the closest possible liaison between home and school.

11. That every effort be made to give deaf children access to education at all levels, in ordinary and special schools as well as in colleges and universities.

12. That both developing and developed countries examine the opportunities available to highly qualified hearing-impaired students for secondary or higher education abroad.

(Training of teachers for the deaf)

13. That teachers of hearing-impaired children be qualified to teach normally hearing children.

14. That qualification to teach hearing-impaired children be based on a specialized full-time course of training.

15. That this training consist of at least one year of special studies, or the equivalent of such a programme, beyond the complete course required in a given country for an ordinary teaching certificate.

16. That this training give the student basic information about special education; and that, to meet the needs of hearing-handicapped children, the specialized curriculum include, minimally, psychology and sociology of the hearing-impaired, speech-science and audiology, language and communication, curriculum and instruction, student (practice) teaching, and specialization.

17. That future teachers should participate in research in the field of education of hearing-impaired persons.

18. That all centres for preparing teachers and all professional personnel give high priority to the needs of multi-handicapped deaf children and adults.

19. That some sort of (possibly informal) co-ordination of editors of journals in the field of education of the deaf be undertaken.

(Language development and communication of the deaf)

20. That the language/communication procedures employed by any programme be geared to such existing conditions as the number and ages of the students, the number and degree of training of the teachers, the equipment and facilities, and the inherent linguistic factors.

21. That longitudinal studies be made of the different communication approaches used in programmes for the deaf which will take account of linguistic, social, familial, and psychological factors, and that investigation be made as to how each mode of communication assists or interferes with these factors.

22. That longitudinal research be conducted into real spontaneous conversation of deaf children and adults among themselves, this research to include not only linguistic analysis but study of affective aspects, feelings, misunderstandings, etc.

23. That research be conducted into correlations between work in the classroom in terms of the amount of conversation that occurs there (the "conversational" as opposed to the "presenting" approach) and the linguistic growth of children.

24. That research be conducted into abstract thinking of deaf persons in relation to their most suitable conversational mode.

(Detection of children with hearing handicaps and guidance of their parents)

25. That every effort be made to reduce the period between suspicion, detection and confirmation of irreversible hearing loss and initiation of appropriate intervention to a minimum - weeks or a few months; and that, through the auspices of Unesco, this recommendation be called to the attention of the World Health Organization.

26. That maximum effort be made to publicize through the mass media the importance of early diagnosis and the tremendous possibilities of subsequent home training.

27. That first priority be given to identifying "high-risk" babies, on the basis of family history, bilirubin level, birth weight, maternal rubella, and congenital defects of ear, nose, or throat; but that by eight months all children, not only those at risk, be thoroughly screened for hearing.

28. That development of well-staffed and well-equipped diagnostic centres be encouraged.

29. That, since measurable hearing is found in all but a handful of "deaf" children, an all-out effort be made to fit appropriate hearing-aids as soon as deafness has been accurately diagnosed and a satisfactory servicing and maintenance programme been established.

30. That, since diagnosis without treatment is cruel, facilities for diagnosis be accompanied by facilities for guidance of parent and child (especially the infant and pre-school child). These might include: visits to the home; hearing and other testing; hearing-aids, educational toys, and other technical aids to learning; parent conferences; audio tapes, video tapes, films, and publications; and annual ascertainment review for parents by a staff of specialists.

31. That, since parents have a vital rôle in detecting hearing loss and in intervention to offset its effects, parent education and guidance be an integral part of any education and health-care service.

32. That parents be offered guidance as to their rôle and responsibilities and helped to maintain their mental health at the time and in the manner most appropriate to their individual needs.

(Integration of deaf persons into school and society)

33. That integration as a concept be more precisely defined, not only with regard to education but in social, cultural and scientific areas, for the purpose of clarifying the approach to the problem.

34. That there be a more comprehensive attempt to give hearing-impaired youngsters proper vocational counselling prior to their leaving school.

35. That an attempt be made to find solutions to the problems of the ten or fifteen million illiterate adult deaf persons who live on the margin of society throughout the world.

36. That urgent steps be taken at national and international level:

(a) to acquaint the public with the great potentialities of deaf persons;

(b) to give deaf persons practical encouragement and assistance by providing interpretation services, facilities for life-long education (including courses in current events), professional and vocational refresher and upgrading courses, captions for televised news and entertainment programmes, and other forms of help;

(c) to establish special programmes for training of staff to accomplish these objectives.

37. That there be international co-operation in sharing, extending the use, and reducing the cost of technical aids (TTY's, etc.) for use both in education and in enlarging the deaf person's range of social communication.

It was agreed by the Expert Meeting on Education of the Deaf:

38. That Unesco might appropriately be asked to stimulate international and regional co-operation among the governments of Member States and among experts (whether individuals or organizations) in the endeavour to achieve the goals set forth in this meeting.